

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050696

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 11 STATE FILE NUMBER

VS 300
Rev. 4/59

10405

28140

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9420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Clio</u>	
Length of stay in 1b <u>3 Weeks</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Warren Twp.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clell Cravens</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 19, 1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Yards</u>	
11. BIRTHPLACE (City and state or country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elijah Thomas Cravens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lutitia Belvel</u>	
14. NAME OF HUSBAND OR WIFE <u>Neva Cravens</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Neva Cravens Clio, Iowa</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>White Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6 PM</u> Month, Day, Year <u>Dec 25 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Trenton</u> COUNTY <u>Wayne</u> STATE <u>Iowa</u>	
21. I attended the deceased from <u>Dec 25 1963</u> to <u>Dec 25 1963</u> and last saw her/him alive on <u>Dec 25 1963</u> Death occurred at <u>6 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>Dec 25 1963</u>	
22a. SIGNATURE <u>Oliver F. Dwyer MD</u>		22b. ADDRESS <u>Trenton</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 26, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lineville Iowa</u>	
24. FUNERAL DIRECTOR <u>Ames Greenlee</u>		25. DATE RECD. BY LOCAL REG. <u>1-11-64</u>	
ADDRESS <u>Lineville Iowa</u>		26. REGISTRAR'S SIGNATURE <u>Lrene Fair</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

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JAN 29 1964

Received 1-11-64
no permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James L. Granda

Licensed Embalmer No. 3967

P. O. Address

Limoreville, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.